



YOUTH RISING FROM THE ASHES OF THOSE WHO DIED UNEDUCATED...

PHOENIX ALLIANCE YOUTH LEADERSHIP BOARD APPLICATION

Please complete all pages of the application. Mail or fax completed applications to Bre deBry, Utah Department of Health, PO Box 142106, Salt Lake City, UT 84114-2106. Fax – (801) 538-6629. If you have any questions, please call Bre deBry at (801) 538-6839 or the Youth Leader phone at 538-7081. **Applications must be postmarked by April 18, 2003. If selected to sit on the Youth Leadership Board you agree by submitting this application to attend a mandatory training retreat that will be held on April 25-26, 2003.**

Name _____

Address _____

City, State, ZIP _____

Phone _____ County _____

E-mail Address _____

School you are attending during the 2002-2003 school year _____

Grade you are in during the 2002-2003 school year _____

Gender: Male Female

In case of emergency, give the name of the person who should be contacted and his/her phone number.

Name: _____

Phone: _____

Relationship: _____

1. Why do you think you should be on the Youth Leadership Board? _____

2. What are you currently doing in your school or in the community? (Examples include tobacco control organizations, sport teams or athletics, band, clubs and volunteer organizations, etc.) _____

3. What are your hobbies or interests? _____

4. If you were to meet any music group (i.e. bands) who would it be and why? _____

5. What are your views on the tobacco industry and how did you get these views?

6. Has tobacco had an effect on your life? How? (Use the back of this sheet if you need more room)

7. Are you now, or have you ever been involved in tobacco control and prevention?

_____Yes _____No

If yes, what anti-tobacco activities or organizations have you been involved in.

10. List any skills or experience that you have that would benefit the Youth Leadership Board. (ie. Website design, presentation skills or have planned an event for your school or youth group).

11. In a group, you usually:

- Listen more than you talk.
- Talk more than you listen.
- Listen and talk the same amount.

12. Where did you hear about the Youth Leadership Board?

13. As space on the State Youth Leadership Board is limited would you be willing to serve as a member of a Phoenix Alliance Regional Coalition? YES_____ NO_____

14. What time of day would be convenient for a part-time youth leader to call you and ask additional questions? _____

The best way to reach me is: _____ E-mail _____ Phone _____

15. As a Youth Leadership Board Member you would co-chair one of the Phoenix Alliance Committees. Please circle two of the following committees that you would be most interested in co-chairing.

- **Advertising Committee**
- **“Truth From Youth” Advertising Contest Committee**
- **Advocacy**
- **Community Education**
- **Diversity**
- **Events and Promotion**
- **Media and Public Relations**

YOUTH LEADERSHIP BOARD BY-LAWS

(Print name below.)

I, _____, agree to abide by the following Phoenix Alliance Youth Leadership by-laws.

1. Youth Leadership Board Members must attend and be on time to at least 75% of meetings and statewide events. (Conference calling or video conferencing counts as attending.)
2. Youth Leadership Board Members must call at least 2 days before meetings or activities, or in the case of prior commitments as soon as the commitment has been made, in order to pre-excuse themselves. (Examples of pre-excused absences include: family emergencies and prior commitments that you can't get out of!)
3. Youth Leadership Board Members represent the Phoenix Alliance movement and must act and dress appropriately at events, activities, and meetings.
4. Youth Leadership Board Members must co-chair one of the seven Task Forces of the Phoenix Alliance and attend all mandatory activities in your area.

***** A stipend will be provided to all State Youth Leadership Board Members based on attendance at meetings and activities as well as participation. *****

Signature _____

Date _____